1211160

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respon	nse16.00

SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED
1	} :

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Woodgrove Theaters, Inc. 2% Subordinated Promissory Note	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	LICE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	04037132
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Woodgrove Theaters, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1001 W. 75th Street, Woodridge, Illinois 60517	(630) 427-1880
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Operator of movie theaters	BBOORCE
Type of Business Organization	PROCESSE
	JUL 12 2004
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: Off Officer Two-letter U.S. Postal Service abbreviation for State:	EIRIAAMIAR
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities low or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to the filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Stare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex- appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	
Persons who respond to the collection of information contained in required to respond unless the form displays a currently valid OME	

A BASIC DENTIFICATION DATA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Í	
	of 10% or more	of a class of equity securities of the issu	ar	
			51.	
	aging paraners o	r partiership issuers, and		
	,		_	
Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Bulthaup, Ted Promoter Promoter Reflecial Owner Reflecial				
			_	
Managing Partner			-	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or		
		Managing Partner		
Full Name (Last name first, if individual)				
	<u></u>			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or				
		CT Companies of the	_	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	Managing Partner		
Rull Name (I act name first if individual)				
1001 W. 75th Street, Woodridge, Illinois 60517				
Business or Residence Address (Number and Street, City, State, Zip Code)			_	
Name (Last name first, if individual) ness or Residence Address (Number and Street, City, State, Zip Code) ok Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Name (Last name first, if individual) ness or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director		_	
		Managing Partner		
Full Name (Last name first, if individual)		<u> </u>	_	
Business or Residence Address (Number and Street, City, State, Zip Code)				
Charle Boy(se) that Apply:	[Director	General and/or	_	
Check Bux(es) that Apply. Tronnoici Beneficial Owner Beceutive Officer	Director	Managing Partner		
Full Name (Last name first, if individual)			-	
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	-	
			_	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or		
		Managing Partner	_	
Full Name (Last name first, if individual)				
During Trial and the Control of the			_	
business of Residence Address (Number and Succi, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or	-	
.,	<u> </u>	Managing Partner		
Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each promoter of the issuer, if the issuer has been organized within the past five years; Each precedical owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporats issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or with the past five general and/or general and/or with the past five general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or general and/or managing partner of partnership issuers. Each general and/or general and/or general and/or managing partner of general and/or managing partner of partnership issuers. Each general and/or general and/or general and/or managing partner of				
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		-	

	- 175	4 10 19			, A.	NEO SERV	109 7801	JT OFFER	ING*	100	T.	te Cat	. 9 ' ₁ %
1.	Une the	iconer col	d or does	the icanes i	intend to c	all to non	occredited	investors i	n this offer	ina?		Yes	No
1.	mas inc	issuel soi	u, 01 u0¢5			-				•	************	Ц	XX
2.	What is the minimum investment that will be accepted from any individual?												
	1,2000					-pro-							
3.													
4.													
	If a pers	son to be li	sted is an as	sociated p	erson or ag	ent of a bro	ker or deale	er registere	d with the	SEC and/or	with a sta	ite	
										ociated per	sons or su	cn	
Full	Name (Last name	first, if ind	lividual)									
	Not	appli	cable.										
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)					-	
Nan	ne of As	sociated B	roker or De	ealer									
Stat	es in Wh	nich Person	Listed Ha	s Solicited	or Intende	s to Solicit	Purchasers		·				
	(Check	"All State	s" or check	individua	l States)	•••••••		•••••••	•••••	······		🔲 Al	ll States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		[N]	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	(SD)	TN	TX	UT	VT)	(VA)	WA	WV	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)									
				with the second				and the second second					
		D	4 11 /		10	···-							
Bus	iness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)				· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	Residence	Address (Number an	d Street, C	City, State,	Zip Code)			:			
Nam	ne of Ass	Residence	Address (Number an	d Street, C	City, State,	Zip Code)	,					
Nam	ne of Ass es in Wh	Residence	c Address () roker or De	Number an	or Intends	ity, State,	Zip Code) Purchasers			:		. Al	1 States
Nam	es in Wh	Residence sociated Braich Person "All States	c Address () roker or De	Number and saler s Solicited individual	or Intends	ity, State,	Zip Code) Purchasers						1 States
Nam	ne of Ass es in Wh	Residence	roker or De Listed Ha	Number an	or Intends	ity, State,	Zip Code) Purchasers			FL MI	GA MN		
Nam	ne of Asses in Who (Check	Residence sociated Braich Person "All States AK IN NE	c Address (I roker or De n Listed Has" or check	Number and saler s Solicited individual	or Intends	ito Solicit CO LA NM	Zip Code) Purchasers CT	DE	DC	FL	GA	HI	ID
Nam	es in Wh (Check AL IL	Residence sociated Braich Person "All States AK IN	c Address (I	Number and saler s Solicited individual AR KS	or Intends States)	ito Solicit	Zip Code) Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Nam	es in Wh (Check AL IL MT	Residence sociated Braich Person "All States AK IN NE SC	roker or De Listed Ha " or check AZ IA NV SD	Number and saler s Solicited individual KS NH	or Intends States) CA KY NJ	ito Solicit CO LA NM	Purchasers CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nam State	es in Wh (Check AL IL MT RI	Residence Sociated Braich Person "All States AK IN NE SC Last name	c Address (in roker or De in Listed Hazing in Check IAZINV) SD first, if indi	Number and saler s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nam State	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Nam State Full Busi	es in Wh (Check AL MT RI Name (I	Residence sociated Braich Person "All States AK IN NE SC Last name	roker or De Listed Ha "or check AZ IA NV SD first, if indi	Number and saler s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nam State Full Busi	es in Wh (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States AK IN NE SC Last name Residence	roker or De Listed Ha "or check AZ IA NV SD first, if indi Address (1	Number and aler s Solicited individual AR KS NH TN ividual) Number and aler	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
State Full Busi Nam	es in Wh (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States AK IN NE SC Last name Residence sociated Braich Person	c Address () roker or De Listed Ha S' or check AZ IA NV SD first, if indi Address () Oker or Dec	Number and saler s Solicited individual AR KS NH TN ividual) Number and aler s Solicited	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT ity, State, 2	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
State Full Busi Nam	es in Wh (Check AL IL MT RI Name (I	Residence Sociated Braich Person "All States AK IN NE SC Last name Residence sociated Braich Person "All States	c Address (in the color of the	Number and saler s Solicited individual AR KS NH TN ividual) Number and aler s Solicited individual	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT ity, State, 7	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Busi Nam	es in Wh (Check AL IL MT RI Name (I mess or ic of Ass is in Wh (Check ' AL	Residence sociated Braich Person "All States AK IN NE SC Last name Residence occiated Braich Person "All States AK AK	Address (Incompared to the control of the control o	Number and saler s Solicited individual AR KS NH TN ividual) Number and aler s Solicited individual	or Intends States) CA KY NJ TX d Street, C or Intends States)	CO LA NM UT ity, State, 2	Purchasers CT ME NY VT Zip Code) Purchasers	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

-E-OPPERINGURICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	•	Aggregat		Αn	nount Already
	Type of Security	Offering Pr	TCC		Sold
	Debt	150,00)0_	\$	10,000
	Equity	50_		\$	0
	Common Preferred				
	Convertible Securities (including warrants)	0		\$	0
	Partnership Interests	0		\$	0
	Other (Specify)	0_		\$	0
	Total	150,00)0_	\$	10,000
	Answer also in Appendix, Column 3, if filing under ULOE.				•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Do	Aggregate ollar Amount
		Investors	Į.	0	f Purchases
	Accredited Investors	22		\$_	10,000
	Non-accredited Investors	00		\$_	00
	Total (for filings under Rule 504 only)	2		\$_3	10,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Do	ollar Amount Sold
	Rule 505			\$	0
	Regulation A			\$	00
	Rule 504			S	0
	Total			\$	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		\mathbf{x}	\$_5_	000
	Accounting Fees	**********		\$	0
	Engineering Fees			\$	_0
	Sales Commissions (specify finders' fees separately)	-,		\$	0
	Other Expenses (identify)	•••••		\$	0
•	Total		×	\$ <u>5</u> ,	000

C. OPPERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PR.)CE	EDS.	1		-1
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	l			\$ <u>14</u>	5,0	00
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.						
		Ó: Dire	nents to fficers, ctors, & iliates	F	•	
Salaries and fees		\$	0	. []\$		0
Purchase of real estate		s	0	\$		0
Purchase, rental or leasing and installation of machinery and equipment	7	s	0		- (0
Construction or leasing of plant buildings and facilities						
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_					
Repayment of indebtedness						
Working capital				☐ \$		0
Other (specify):	_				0 -0 145,000 0 0 0 0	
	- ئـــ					
]:	5	0	□ \$_	0	
Column Totals					145	,000
Total Payments Listed (column totals added)			s _1	45,0	00	
D. FEDERAL SIGNATURE:				1 31		
e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice	is	- filed	under Ru	le 505	the fo	Mowii

Woodgrove Theaters, Inc.

Name of Signer (Print or Type)

Ted Bulthaup

Issuer (Print or Type)

5.

Signature

signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff,

the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Title of Signer (Print or Type)

June 29, 2004

President

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ţ.	Planters Landin	E. SPATE SIGNATURE			Page 12 2
1.	* * *	62 presently subject to any of the disquali		Yes	No X
		See Appendix, Column 5, for state respo	nse.		
2.	The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as re	es to furnish to any state administrator of an equired by state law.	y state in which this notice is fil	led a not	tice on Form
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state administrators, u	pon written request, informati	on furn	ished by the
4.	limited Offering Exemption (ULOE) of	he issuer is familiar with the conditions the the state in which this notice is filed and un ablishing that these conditions have been s	nderstands that the issuer clain		
	er has read this notification and knows the thorized person.	contents to be true and has duly caused this	notice to be signed on its behalf	f by the 1	undersigned
Issuer (Print or Type)	Signature	Date		
Wood	igrove Theaters, Inc.	$\langle \langle \langle \rangle \rangle \rangle = \langle \langle \langle \rangle \rangle \rangle$	June	29,	2004
Name (I	Print or Type)	Title (Print or Type)			
Ted	Bulthaup	President			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	and the	;	- 19	**************************************	PENDIX	and the state of t			
1	Intend to non-a investor	i to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqua under St (if yes, explan waiver	lification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL						a			
AK									
AZ				-					
AR									
CA	·								
СО									
CT									
DE									
DC				·					
FL									
GA			<u>:</u>						
Ш									
ID IL									
 									
IN			· · · · · · · · · · · · · · · · · · ·						
KS									
KY									
LA									
ME									
MD									
MA									
МІ									
MN									•
MS									

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			Disqua under St (if yes explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО					1.	· · · · · · · · · · · · · · · · · · ·			
MT									
NE							-		
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН	:								
ок									
OR						,			
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
wı				,					

11			4	APP	endix :		19		Back
1		2	3		4 Type of investor and				
	i								
			Type of security						
		d to sell	and aggregate						
		accredited	offering price						
		rs in State 3-Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				
	(rante	5-10em 1)	(Part C-Item 1)		(Pan			(Fait E	-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY				-					
PR									